Contractor Account Information

City of Lincoln - Lancaster County Building & Safety Department

		Busine	Business Trade	
Business Name				
Business Address Stree	et City	State	Zip Code	
Business Owner - (Contac	ct Name) F	Phone Number		
Name of Agent (Master Ele	ectrician, Master Plumbing Con	ntractor, etc.) Authorized to Sign	Applications	
Company Email Address	3			
Phone Numbers	<u>:</u>			
Business Phone #	Fax Number	Email Address		
Cell Phone #	Assigned To			
Cell Phone #	Assigned To			
Cell Phone #	Assigned To			
		Signature Business Owner	Date	
Please begin a Prepa	aid Contractor Account fo	or my company		
Name of company agent(s	s) authorized to use Prepaid Co	ontractor Account Funds:		
	- ;	Signature of Business Owner	Date	

Your information will be entered into our computer system, you are responsible to inform Building & Safety Department of any changes. 401-441-7521